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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			11a, III 1 00020 20	-01				
DUE DATES:		February 1	First Semester to County Superin 5 to State Superint			•	Second Semester o County Superinter o State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SC	CHOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning			20 and	ending	,2	20 .
			month	day		0	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	lete and accurate to th	e best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees							
County:	District:						District Lev	vel:
44 Rosel	bud		0790 Forsyth	Elem			Elemen	tary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
76	4	1	97.7	1.15	53	08/17/04		
57	4	2	104.8	1.57	72	08/17/04		
82	4	3	63.2	1.57	72	08/17/04		
76	4	4	121.2	1.57	72	08/17/04		
67	4	5	59.8	1.80	84	08/17/04		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1	First Semester to County Supering to State Supering				Second Semester County Superint State Superinter	tendent
COMPL	ETE THI	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:	
This clain	m is for the	period beginning	g	,	20 and er	nding	,2	20
			month	day		m	onth da	y
CERTIF	ICATION	N:						
The infor	rmation on t	this form is comp	lete and accurate to th	e best of my kn	owledge.			
Date			Signature, Chair, Boar	d of Trustees				
County:	County: District:						District Lev	vel:
44 Rose	bud		0791 Forsyth	H S			High So	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
24	4	1	97.7	1.15	53	08/17/04		
43	4	2	104.8	1.57	72	08/17/04		
18	4	3	63.2	1.57	72	08/17/04		
	4	4	121.2	1.57	72	08/17/04		
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

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DUE DATES:	February 1 to Cour

		- Heier	1a, W I 59	9620-250	UT			-	
DUE DATES:	rebruary 1 to County Superintendent						-	Second Semeste o County Superin o State Superinte	tendent
COMPL	ETE TH	IS CLAIM FO	R STATE	REIMB	URSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION	1
This clain	n is for the	period beginning			,	20 and e	nding	<b>,</b>	20
			mont	th	day		m	onth da	ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comple	ete and accu	urate to the	e best of my kno	owledge.			
Date			Signature, C	hair, Board	l of Trustees				
County: District:						District Le	evel:		
44 Rosel	Rosebud 0792 Lame Deer Elem					Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
81	6	1		87.4	1.57	72	08/03/04		
60	6	2	1	124.6	1.80	84	08/03/04		
50	6	3		90	1.57	78	08/03/04		
18	6	4	1	124.4	1.80	84	08/03/04		
100	6	5		10	0.95	24	08/25/04		
45	6	6		20	0.95	24	08/25/04		

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## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0794 Rosebud Elem 44 Rosebud **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage Inspection 74 12 Cartersville 87.6 1.57 71 08/05/04 92 12 Hathaway 64 0.95 22 08/23/04 60 12 rosebud creek 89.2 0.95 35 08/23/04

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County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for
State Reimbursement for
<b>School Bus Transportation</b>

District Level:

State	
District	
County	

DUE DATE	February 1 February 15	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR			Second Semester May 10 to County Superintendent May 24 to State Superintendent		
					S TRANSPURTA		
This c	claim is for the period beginning	S	, 20	and ending		, 20	
		month	day		month	day	
CERT	TIFICATION:						
The in	nformation on this form is comp	lete and accurate to	the best of my knowled	ge.			
Date		Signature, Chair, Boa	ard of Trustees		_	_	

44 Rose	bud	0795	Rosebud	HS	High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
8	12	Hathaway	64	0.95	22	08/23/04		
40	12.	rosebud creek	89.2	0.95	35	08/23/04		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
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County	

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		— пете	ena, Wii 59020-25	U I				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					May 24 t	Second Semester o County Superint o State Superinter	tendent adent
COMPL	ETE TH	IS CLAIM FO	OR STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	g	,	20 and e	nding	,,2	20
			month	day		n	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	olete and accurate to th	e best of my kn	owledge.			
Date			Signature, Chair, Board	d of Trustees				
County:			District:				District Lev	vel:
44 Rosel	bud		0796 Colstrip	Elem			Elemen	tary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
76	19	1	63.3	1.36	65	08/18/04		
72	19	10	96.4	1.80	84	08/18/04		
70	19	4	119.6	0.95	40	08/18/04		
79	19	5	22.9	1.80	84	08/18/04		
93	19	9	193.4	1.80	84	08/18/04		
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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24	Second Semeste to County Superint to State Superinte	ntendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	!
This clain	n is for the	period beginning	3		,	20 and e	nding	,	20
				month	day		1	nonth da	ay
CERTIF	ICATIO:	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District					District Le	vvol.
County.			District	•				District Le	evel.
44 Rosel	bud		0797	Colstrip	H S			High S	chool
,	District	Route		Miles	Rate	a	·	Days	Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Operated	Social Security #
24	19	1		63.3	1.36	65	08/18/04		
28	19	10		96.4	1.80	84	08/18/04		
100	19	11		72	1.80	84	08/18/04		
5	19	3		22	1.80	84	08/18/04		
30	19	4		119.6	0.95	40	08/18/04		
21	19	5		22.9	1.80	84	08/18/04		
7	19	9		193.4	1.80	84	08/18/04		

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Tongue River

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

46.2

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus T	ransportation	County		
DUE DATES:		February 1 February 15	to Cou	ate Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH.	IS CLAIM FO	K STA	ATE REIMB	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION	:		
This clain	m is for the	period beginning			,	20 and en	ding	<b>,</b>	20		
				month	day		m	onth d	ay		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	ıre, Chair, Board	d of Trustees						
County: District: District Level:									evel:		
44 Rosebud 0800 Ashland Elem Elementary								ntary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	32J	Otter Cree	k	82	0.95	30	08/16/04				

41

08/16/04

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501								0011001 2010					
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent								Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMB	URSEME	NT FO	R SCH	OOL BUS TR	ANSPOR'	TATION	•		
This clain	n is for the	period beginning	3			, 20	_ and end	ling		<b>,</b>	20		
				month	day				month	d	ay		
CERTIF	ICATIO	N:											
The infor	mation on	this form is comp	lete and	accurate to the	e best of my k	nowledge	е.						
Date			Signatu	re, Chair, Board	l of Trustees								
County:			District	:						District Le	evel:		
44 Rosel	bud		1230	Lame De	er H S					High S	chool		
Porcentage	District	Route		Miles Per Day	Rate Per Mile	Car	acity	Inspection		)ays	Bus Driver's		

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
19	6	1	87.4	1.57	72	08/03/04		
40	6	2	124.6	1.80	84	08/03/04		
50	6	3	90	1.57	78	08/03/04		
82	6	4	124.4	1.80	84	08/03/04		
55	6	6	20	0.95	24	08/25/04		
100	6	7	31.6	1.57	72	08/03/04		